

United States Bankruptcy Court
For the Southern District of Georgia

In the matter of:

Chapter:

Case Number:

Debtor(s)

Form 21. STATEMENT OF SOCIAL SECURITY NUMBER

[Caption as in Form 16A.]

- 1. Name of Debtor (enter Last, First, Middle):** _____
(Check the appropriate box and, if applicable, provide the required information.)

/ / **Debtor has a Social Security Number and it is:** _____ - _____ - _____.
(If more than one, state all.)

/ / **Debtor does not have a Social Security Number.**

- 2. Name of Joint Debtor (enter Last, First, Middle):**
(Check the appropriate box and, if applicable, provide the required information.)

/ / Joint Debtor has a Social Security Number and it is: _____ - _____ - _____.
(If more than one, state all.)

/ / Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Debtor

Date

Signature of Joint Debtor

Date

***Joint debtors must provide information for both spouses.**

*Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both.
18 U.S.C. §§ 152 and 3571.*